08-01789-cgm Doc 3119-1 Filed 11/05/10 Entered 11/05/10 12:27:16 Exhibit Exhbit A Pg 1 of 21

EXHIBIT A

(Customer Claim)

STROOCK

7001 0320 0005 2739 L159

Via Certified Mail Return Receipt Requested

June 23, 2009

Danielle Alfonzo Walsman Direct Dial 212-806-5607 Direct Fax 212-806-2607 dwalsman@stroock.com

Irving H. Picard, Bsq.
Trustee for Bernard L. Madoff Investment
Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas, TX 75201

Re: Jonathan Roth Acct Nos, 1-R0050 and 1-R0157

Dear Mr. Picard:

We are counsel to Jonathan Roth. Please see the attached Customer Claim forms with attachments for Account Nos. 1-R0050 and 1-R0157.

If you have any questions, please feel free to call me.

Very truly yours,

Danielle Alfonzo Walsman

Enclosures

		CUSTOMER CLAIM	
			lalm Number
		r	oate Received
	Е	ERNARD L. MADOFF INVESTMENT SECURITI	ES LLC
		In Liquidation	•
		DECEMBER 11, 2008	
(Please p	print or	type)	
City: Account	Addres Forest No.1	si 70-31 108th Street, Apt 70	ipi 113.75
NOTE:	THE SHOU PROT RECE SUBJ LESS	ORE COMPLETING THIS CLAIM FORM, BE SURE TO ACCOMPANYING INSTRUCTION SHEET. A SEPULD BE FILED FOR EACH ACCOUNT AND, TO SECTION AFFORDED UNDER SIPA, ALL CUSTOM SIVED BY THE TRUSTEE ON OR BEFORE MARKEVED AFTER THAT DATE, BUT ON OR BEFORE SECT TO DELAYED PROCESSING AND TO BEING SEAVORABLE TO THE CLAIMANT. PLEASE SEND STREET MAIL - RETURN RECEIPT REQUESTED.	ARATE CLAIM FORM RECEIVE THE FULL ER CLAIMS MUST BE Ch 4, 2009. CLAIMS July 2, 2009, WILL BE SATISFIED ON TERMS
*********	*****	***************************************	***
1.	Claim	for money balances as of December 11, 2008:	
	a.	The Broker owes me a Credit (Cr.) Balance of	\$ O
	b.	l owe the Broker a Debit (Dr.) Balance of	\$ O
	C.	If you wish to repay the Debit Balance,	
		please insert the amount you wish to repay and	
		attach a check payable to "Irving H. Plcard, Esq.,	
		Trustee for Bernard L. Madoff Investment Securiti	
		If you wish to make a payment, it must be enclos	
		with this claim form.	\$
	d.	If balance is zero, insert "None."	None

Claim for securities as of December 11	1, 2008:
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PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	. ••	YES .	NO
a.	The Broker owes me securilles		<u>.</u>
þ,	I owe the Broker securities		
c.	' If yes to either, please list below:		
			of Shares or unt of Bonds
Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	r I Owe the Broker (Short)
See attack	ned statement dated 11/30/08	\$ <u>8,945,</u> 89	50.00
<u></u>	Name and the second		
<u></u>	,		
Propried to the second	<u></u>	,	**************************************

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or Information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u> .	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	<i></i>	<u> </u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		·
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8,	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		
9.	Have you or any member of your family ever filed a claim under the Securities investor Protection Act of 1970? If so, give name of that broker.		<u> </u>
	Please list the full name and address of anyone ass preparation of this claim form: Stroock & Strood 180 Marken Lane, New York, NY M4th: Danielle Alfonzo Walsman	KRLava	the

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$60,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

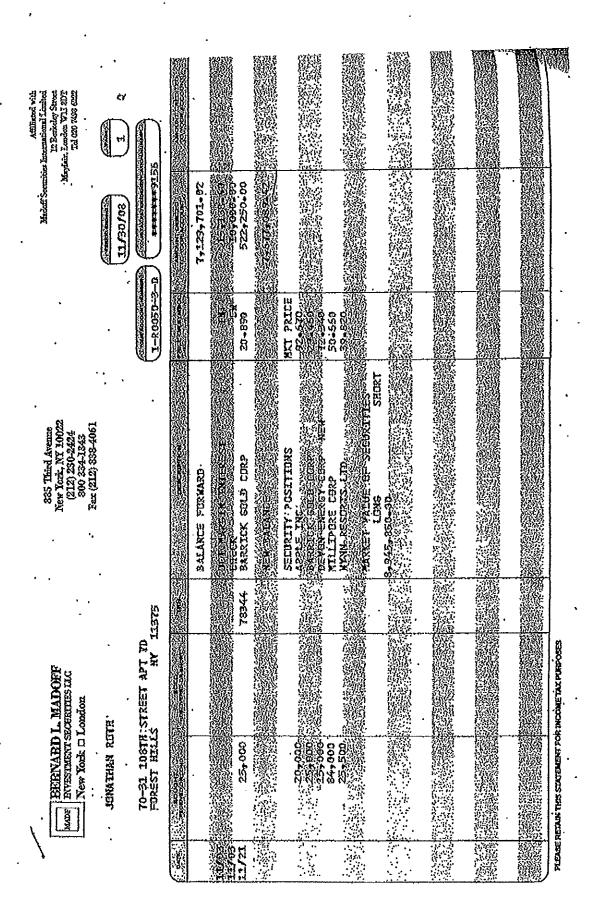
THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

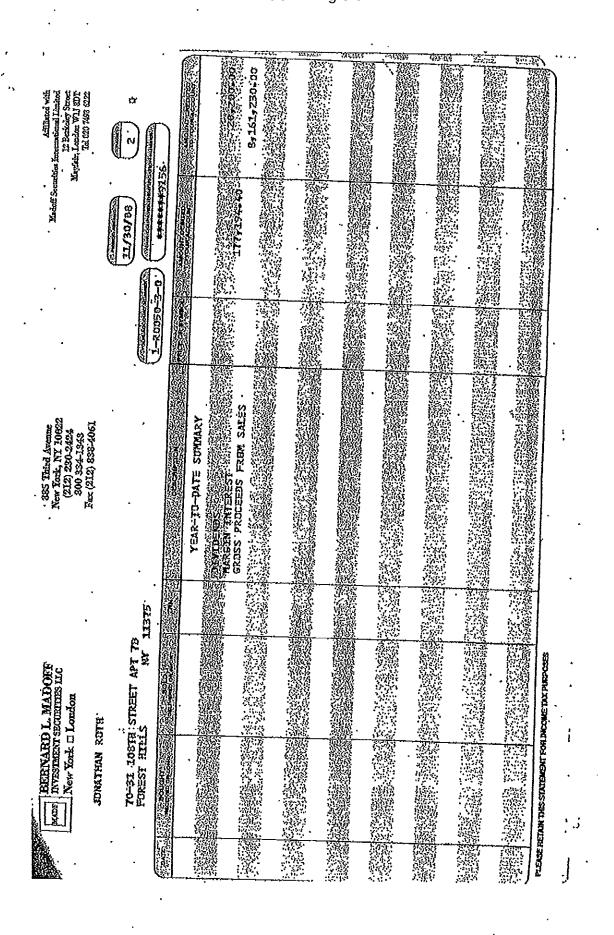
Date	06/18/09	Signature_	Dinathan	Down	Dott
Date_		Signature			
Hala -	***	~181101011 w			

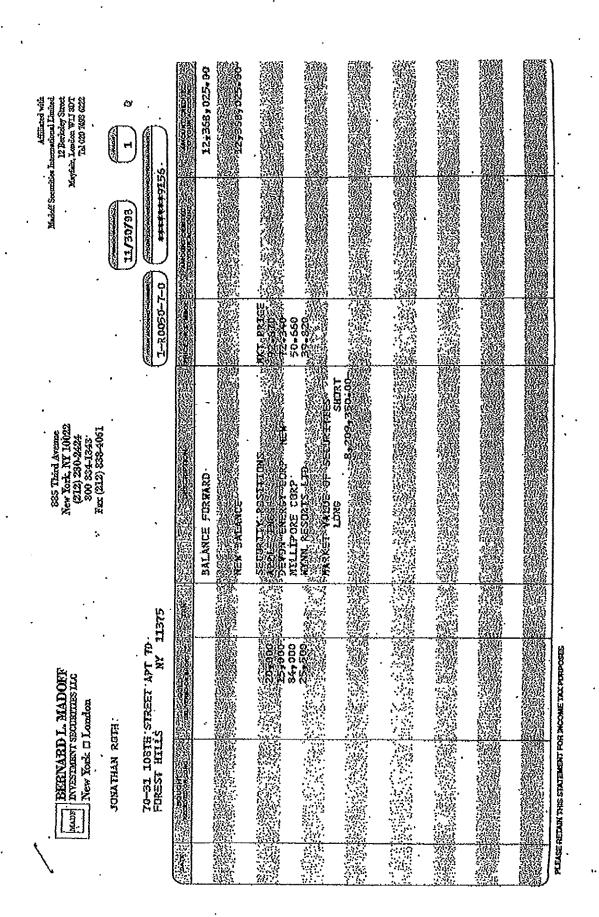
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

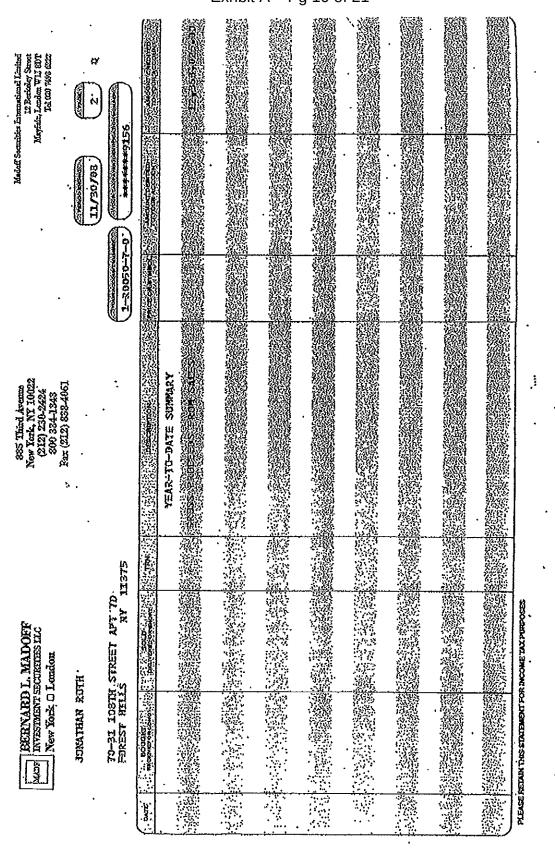
This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Plcard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201









	CUSTOMER GLAIM C	laim Number
	. D	ate Received
	BERNARD L. MADOFF INVESTMENT SECURITIE	ES LLC
•	ln Liquidation	•
٠	DECEMBER 11, 2008	
(Please p	rint or type)	
Mailing Account	Customer: Jonathan Roth Address: 70-3) 108th Street, Apt 7D O(15) 15115 State: NY Zi No.: 1-RO157 r I.D. Number (Social Security No.): 059-38-91	p: <u>11375</u> .
NOTE:	BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO THE ACCOMPANYING INSTRUCTION SHEET. A SEPA SHOULD BE FILED FOR EACH ACCOUNT AND, TO PROTECTION AFFORDED UNDER SIPA, ALL CUSTOME RECEIVED BY THE TRUSTEE ON OR BEFORE MARKED RECEIVED AFTER THAT DATE, BUT ON OR BEFORE JUBIECT TO DELAYED PROCESSING AND TO BEING SUBJECT TO DELAYED PROCESSING AND TO BEING SUBJECT TO THE CLAIMANT. PLEASE SEND Y CERTIFIED MAIL - RETURN RECEIPT REQUESTED.	ARATE CLAIM FORM RECEIVE THE FULLER CLAIMS MUST BE IN 4, 2009. GLAIMS BULL BE INTERNS OUR CLAIM FORM BY
1.	Claim for money balances as of December 11, 2008:	
	 a. The Broker owes me a Credit (Cr.) Balance of b. I owe the Broker a Debit (Dr.) Balance of c. If you wish to repay the Debit Balance, please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securitie If you wish to make a payment, it must be enclose with this claim form. d. If balance is zero, insert "None." 	•

2,	Claim	for	securities	as	of	December	11,	2008;
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PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

		<u>es</u> _	NO
a.	The Broker owes me securities	<u>/ </u>	
b.	I owe the Broker securities		<u> </u>
C,	If yes to either, please list below:		
	· .		of Shares or ant of Bonds
Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	· I Owe the Broker (Short)
	ed account statement dated 11/30/08	\$1,589,	156.32
·····	<u> </u>		,,,,,,-A.460000
	44.44.4	******	\$
	<u> </u>	6	,

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received. PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	•	<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		· · ·/
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>/</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6,	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8, .	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		
9.	Have you or any member of your family ever filed a claim under the Securities investor Protection Act of 1970? If so, give name of that broker.		<u>.</u>
	Please list the full name and address of anyone ass preparation of this claim form: Strock & Stoc 180 Marden Lane, New York, N Attn: Danielle Alfonzo Walsman	K & Lavan	up.

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THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 06/18/05	Signalure for ather	David lot
Date	Signalure	

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

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